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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/031,556 10/19/2001 PAT 6,943,166  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* 12/16/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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TITLE  
 Unit dosage form

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